

Motor Insurance Claim Form

(The issuance of this form does not imply admission of liability)

Claims No. Policy No.

1. Insured Details

Name of the insured in full Gender Male Female Age Occupation

Contact Address or Address for Correspondence

City Pin Code State

Tel. No. Fax No. Mobile No.

E-mail

2. Insured Vehicle Details

Registration Number	Engine Number	Chassis Number	Make / Model	Year of Manufacture

For what purpose was the vehicle being used at the time of accident _____

No. of persons travelling in the vehicle In what capacity: Fare paying passenger Occupants

Nature and weight of goods carried at the time of accident (Applicable for Goods Vehicle) _____

3. Details of Accident / Theft

Date and Time of Accident / Theft 2 0 0 Time A.M. / P.M.

Place of Accident / Theft _____

Whether any third party vehicle was involved in the Accident Yes No

If yes, Please give Registration No. _____

Brief narration of the events leading to the Accident / Theft _____

Was the Accident / Theft reported to Police? Yes No

If yes, Name of the Police Station _____ CR Diary No. _____

4. Driver at the time of Accident

Name

Address

City Pin Code State

Age	Driving Licence No.	Date of Issue	Expiry Date	Issuing Authority
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of vehicles authorised to drive MOTOR CYCLE LMV (NT) LMV (TV) HTV 3W(TV)

Whether the driver is Owner Paid driver Relative Friend

5. Damage to Insured Vehicle

Please do not dismantle the vehicle until it has been surveyed

Brief description of damages and estimated cost of repairs _____

Where can the damaged vehicle be surveyed? _____

6. Injury to Third Party / Occupant / Driver

Name and Address	Nature of Injury	Whether Third Party / Occupant / Driver
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Details of Third Party property damage

8. Other Insurance Details

Is there any other insurance policy indemnifying you in respect of this Accident / Theft Yes No

If yes, Policy No. _____

Name of Company / Office : _____

I / we the above named, do hereby, to the best of my / our knowledge and belief, warrant the truth of the foregoing statement in every respect and I/We agree that if I/We have made, or if any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Place : _____

Date : 2 0 0

Signature of the Insured _____